

POWER OF ATTORNEY

That I/We _____ for and on behalf of _____

_____ with ☐ Permit Number _____ ☐ License Number _____
hereby appoints

(Name, address, including zip code and telephone number)

See reverse side for appointee(s) signature(s) as attorney(s)-in-fact to represent herein permittee(s), operator(s), or pull-tab distributor(s) before the Alaska Department of Revenue with respect to the following games of chance and contests of skill matters (specify the types, tax and fees assessment(s), denials, suspensions, revocations, or informal conference decision for the year(s) under the following permits or licenses):

Said attorney(s)-in-fact (or either of them), shall, subject to revocation, have authority to receive confidential information and full power to perform on behalf of the permittee(s), operator(s), or pull-tab distributor(s) the following acts with respect to the above gaming matters:

Strike through any of the following which are not granted.

- ☐ To represent the permittee, operator, or pull-tab distributor in administrative proceedings before the Alaska Department of Revenue.
- ☐ To execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in 3% pull-tab tax, 1% additional fee, permit or license fees, interests and penalties, denials, suspensions, or revocations.
- ☐ To execute consents extending the statutory period for assessment or collection of the 3% pull-tab tax, 1% additional fee, permit or license fees, interests and penalties.
- ☐ To execute closing agreements and stipulations.
- ☐ To delegate authority or to substitute another representative.
- ☐ Other acts (specify) _____

Copies of notices and other written communications addressed to the permittee(s), operator(s) or pull-tab distributor(s) in proceedings involving the above matters should be sent to:

(Name, address, including zip code and telephone number)

and

This power of attorney revokes all prior powers of attorney filed with the Alaska Department of Revenue with respect to the same matters and years or periods covered by this instrument, except the following:

(Specify to whom granted, date, and address including zip code, or refer to attached copy of prior power of attorney)

(Signature of or for permittee(s), operator(s), or pull-tab distributor(s))

If signed by a corporate officer, or fiduciary on behalf of the permittee, operator, or pull-tab distributor, I certify that I have the authority to execute this power of attorney on behalf of the permittee, operator or pull-tab distributor.

(Signature)

(Title, if applicable)

(Date)

(Signature)

(Title, if applicable)

(Date)

The person(s) signing as or for the permittee(s), operator(s) or pull-tab distributor(s) (check and complete one):

☐ is/are known to and signed in the presence of the two disinterested witnesses whose signatures appear here:

(Signature of Witness)

(Date)

(Signature of Witness)

(Date)

☐ appeared this day before me a notary public and acknowledged this power of attorney as his/her/their voluntary act and deed.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20 _____.

Signature of Notary

My Commission Expires: _____

(NOTARY SEAL)

**The Original Must Be Filed With The
Department of Revenue
Tax Division - Gaming Group
PO Box 110420
Juneau, AK 99811-0420**

Appointee(s) Signature(s)

(Date)

(Date)

(Date)

(Date)

Instructions

1. A valid Power of Attorney form must be filed with the Alaska Department of Revenue before the Department can discuss any matter(s) involving the permittee(s), operator(s), or pull-tab distributor(s).
2. If this Power of Attorney is granted to other than an Alaska Certified Public Accountant or a member of the Alaska Bar, the permittee's, operator's, or pull-tab distributor's signature must be witnessed and notarized.
3. Each appointee must sign the Power of Attorney in the space provided above.